



# UNITED STATES PATENT AND TRADEMARK OFFICE



Bi Data Sheet

<b>SERIAL NUMBER</b> 09/293,533	<b>FILING DATE</b> 04/01/1999 <b>RULE</b> -	<b>CLASS</b> 424
<b>APPLICANTS</b> MALAYA CHATTERJEE, LEXINGTON, KY; KENNETH A. FORD, LEXINGTON, KY; SUNIL K. CHATTERJEE, LEXINGTON, KY;		
<b>CONTINUING DATA</b> ***** THIS APPLICATION IS A CONTINUATION OF 08/752,844 11/21/1996 F WHICH IS A CIP OF 08/591,196 01/16/1996 PAT 5,977,316 WHICH IS A CIP OF 08/372,676 01/17/1995 PAT 5,612,030		
<b>FOREIGN APPLICATIONS</b> *****		
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED</b> 05/21/1999		
<b>Foreign Priority claimed</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no as U.S. (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Met <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> KY
<b>Reviewed and Acknowledged</b> Examiner's Signature _____ Initials _____		
<b>ADDRESS</b> CATHERINE M POLIZZI MORRISON & FOERSTER LLP 755 PAGE MILL ROAD PALO ALTO, CA 943041018		
<b>TITLE</b> MONOCLONAL ANTIBODY 1A7 AND USE FOR THE TREATMENT OF CARCINOMA		
<b>FILING FEE RECEIVED</b> 452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT No. _____ for following:	

SERIAL NUMBER	FILED	CLASS	GROUP ART UNIT
09/293,533	04/15/95	435	1632

MALAYA CHATTERJEE, LEXINGTON, KY; KENNETH L. FOGG, LEXINGTON, KY;  
 SUNIL K. CHATTERJEE, LEXINGTON, KY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 08/752,844 11/21/96  
 WHICH IS A CIP OF 08/591,196 01/16/96  
 WHICH IS A CIP OF 08/372,676 01/17/96

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

REQUIRED, FOREIGN FILING LICENSE GRANTED 05/21/95 BY SPAC E

Priority claimed 312 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING
and Acknowledged	<i>[Signature]</i>	<i>[Signature]</i>	KY	24
Examiner's Initials		Initials		

KATHERINE M POLIZZI  
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 LOS ALTO CA 94304-1018

MONOCLONAL ANTIBODY IA7 AND USE FOR THE TREATMENT OF GLIOMA AND  
 ALL CELL CARCINOMA

452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.18 Fee <input type="checkbox"/> 1.17 Fee <input type="checkbox"/> 1.16 Fee <input type="checkbox"/> Other <input type="checkbox"/> Credit
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